

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of	Lobbyist(s) Steve	Ahnen, Paula Minn	ehan, Kathlee	n Bizarro-Thunberg, Tr	avis Boucher
II. Name of	lobbyist's partner	ship, firm or corpor	ation, if any:		
New Ham	pshire Hospital As	sociation			•
	(Name of partne	ership, firm or corporati	on)		
125 Airpo	rt Road	Concord	d .	NH	03301
Business Add	lress: (Street)	(Tov	vn/City)	(State)	(Zip Code)
(603) 2	25-0900	(603 ₎ 225	5-4346	_{e-mail} pminneha	n@nhha.org
(T	elephone)		(Fax)		
reportable	expense transaction	is which are not atti	ibutable to an		y file a separate report for e following client:
	(Full Nat	ne of Client as it appear	s on the Lobbyis	t Registration Form)	
-	table transactions by any particular client	•	ng the lobbyist	's family), or the lobbying	g firm listed below which are
IV. Date of Reports cove		6, 2017 \Box te of registration to 3/3	1/17 ac	July 26, 2017 Maivity from 4/1/17 to 6/30/17	
		r 25, 2017 m 7/1/17 to 9/30/17	a	January 31, 2018 [] ctivity from 10/1/17 to 12/31.	/17
	checked, complete			nsactions made since the cretary of State's Office, S	
If you h		made expenditures,		ddendum A – Fees and E	
Expense Re	imbursement		•	st file Addendum B – Re	m C– Political Contributions
I have read	te to the best of my l	RSA 14-C and RSA nowledge and belief	664 and hereby	swear or affirm that the form $\frac{10/35/1}{(Dat)}$	Foregoing information is true
Paula Min (Print Nam	nehan e of lobbyist)				RECEIVED

OCT 27 2017

PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any:	
New Hampshire Hospital Association	
(Name of partnership, firm or corporation)	
III. Name of Client	Date
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, governmen including research, monitoring legislation, and related legal work. The greeduced by any expenses:	t relations, or public relations service
a) Total of all fees received in this reporting period	a) \$
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$
c) Total of all fees received to date (Add lines a and b)	c) \$
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office e individual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value great restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm e aggregate total of all expenses paix xpenses; (b) the aggregate total of all ele: meals purchased during a business east than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 for ue of greater than \$25, purchase of er than \$25, but not greater than \$50, expense reimbursement, or political
 a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. b) Total aggregate of expenditures during this reporting period, not reported 	a) \$25,041.00
in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$ _52,404.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
(Signature of lobbyist) (Signature of lobbyist)	10/25/17 (Date)
Paula Minnehan	
(Print Name of lobbyist)	

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

II. Name of lobbyist's par	tnership, firm or cor	poration, if any:		
New Hampshire Hospital Association (Name of partnership, firm or corporation)				
Political Contributions For each political contributions client/lobbyist and lobbyin			ter 664 paid on behalf of the	
Full name of candidate:	Bradley	Jeb		
	(Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$	500.00	Office Candidate is	s Seeking Senate	
		ve for amount of control	ution. If the actual cost is not know	
	the word "estimate."		ution. If the actual cost is not know	
enter an estimated value and t	the word "estimate." Sununu	Chris		
Full name of candidate:	the word "estimate."		(Middle Name/Initial)	
Full name of candidate: Amount of contribution \$ If the contribution is an in-kin actual cost of the in-kind contribution contribution contribution.	Sununu (Last Name) 1,000.00 and contribution, provide tribution on the line abo	Chris (First Name) Office Candidate is a description of the good ve for amount of contribu	(Middle Name/Initial)	
Full name of candidate: Amount of contribution \$	Sununu (Last Name) 1,000.00 and contribution, provide tribution on the line abo	Chris (First Name) Office Candidate is a description of the good	(Middle Name/Initial) Seeking ds or services provided, and enter t	

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

	tnership, firm or cor	P		
New Hampshire Hospital				
(Name of partnership, firm or corporation)				
III. Name of Client			Date	
Political Contributions For each political contribut client/lobbyist and lobbyin			ster 664 paid on behalf of the	
Full name of candidate:	Daniels	Gary		
	(Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$	250.00	Office Candidate i	s Seeking Senate	
		mocratic Caucus		
Full name of candidate: _	NH Senate Der (Last Name)	mocratic Caucus (First Name)		
Full name of candidate: Amount of contribution \$ If the contribution is an in-kir	NH Senate Der (Last Name) 500.00 nd contribution, provide tribution on the line abo	mocratic Caucus (First Name) Office Candidate is	(Middle Name/Initial) S Seeking ds or services provided, and enter the	
Full name of candidate: Amount of contribution \$ If the contribution is an in-kinactual cost of the in-kind com	NH Senate Det (Last Name) 500.00 Indicontribution, provide tribution on the line about the word "estimate." Committee to	mocratic Caucus (First Name) Office Candidate is a description of the good ve for amount of contribute the contribute of the contribute	(Middle Name/Initial) Seeking ds or services provided, and enter the ution. If the actual cost is not known,	
Full name of candidate: Amount of contribution \$ If the contribution is an in-kin actual cost of the in-kind contenter an estimated value and the content of the cont	NH Senate Del (Last Name) 500.00 and contribution, provide tribution on the line abouthe word "estimate."	mocratic Caucus (First Name) Office Candidate is a description of the good ve for amount of contributions.	(Middle Name/Initial) s Seeking ds or services provided, and enter the ution. If the actual cost is not known ats (Middle Name/Initial)	



Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

New Hampshire Hospital A	Association		
(Name of partn	ership, firm or corporation)		
III. Name of Client			Date
Political Contributions For each political contributi client/lobbyist and lobbying			ter 664 paid on behalf of the
Full name of candidate:	Senate Republica	n Majority Pac	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	500.00	Office Candidate is	s Seeking
Full name of candidate:	(Last Name)	(First Name)	
Full name of candidate: Amount of contribution \$ If the contribution is an in-kin	(Last Name) d contribution, provide ribution on the line abo	(First Name) Office Candidate is a description of the good	(Middle Name/Initial) Seeking ds or services provided, and enter the
Full name of candidate: Amount of contribution \$ If the contribution is an in-kin actual cost of the in-kind contribution is an in-kind contributi	(Last Name) d contribution, provide ribution on the line abo	(First Name) Office Candidate is a description of the good	(Middle Name/Initial)

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."
(If more than three contributions were made, report additional contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
(Signature of lobbyist) 10/25/17 (Date)
Paula Minnehan
(Print Name of lobbyist)

•

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: New Hampshire Hospital Association
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client):
Date of Report (check one):
April 26, 2017 □ July 26, 2017 ▼ October 25, 2017 □ January 31, 2018 □
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s).
Addendum B(s).
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. (Signature of lobbyist) P 1 7 7 1 7 7 1 7 7 1 7 7
Steve Ahnen
(Print Name of lobbyist)

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: New Hampshire Hospital Association
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I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s).
Addendum B(s).
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. (Signature of lobbyist) (Date)
Paula Minnehan
(Print Name of lobbyist)

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Statement/Affirm	ation	by Lobbyist
Statem	ent of Income and	Expe	enses for:

Name of Lobbying partnership, firm, or corporation: N	ew Hampshire Hospital Association
Name of Client (leave blank if Statement is for the partner	ership, firm, or corporation and not related to any
particular client):	
Date of Report (check one):	
April 26, 2017	25, 2017 □ January 31, 2018 □
I have read RSA 15, RSA 15-B, RSA 664, the Statementhe following Addendums submitted with that Statement submitted):	
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing information of complete to the best of my knowledge and belief.	on the Statement and each Addendum is true and
Souther A Bacers Theusers (Signature of lobbyist)	10/28/17 (Date)
Kathleen Bizarro-Thunberg	
(Print Name of lobbyist)	

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation:	New Hampshire Hospital Association
Name of Client (leave blank if Statement is for the p particular client):	artnership, firm, or corporation and not related to any
Date of Report (check one):	
April 26, 2017	ober 25, 2017 □ January 31, 2018 □
·	ement of Income and Expenses described above, and ement (insert the number of Addendum forms being
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing informat complete to the best of my knowledge and belief. (Signature of loboyist)	ion on the Statement and each Addendum is true and $\frac{20/25/17}{(Date)}$
	(Date)
Travis Boucher	
(Print Name of lobbyist)	